



# Skinny Bones

## Pumpkin Patch

Located in Blair, NE

**SATURDAY, OCTOBER 21ST**

**5:00PM – 10:30PM**

**COST: \$25.00 (non-refundable)**

*INCLUDES: transportation, gate admission,  
and dinner*

Open to current 6th-12th grades

**TO REGISTER, COMPLETE THE CONSENT/LIABILITY FORM ON THE BACK OF THIS PAGE AND RETURN TO THE YOUTH MINISTRY OFFICE.**

**MAKE CHECKS PAYABLE TO "ST. MARY'S YOUTH MINISTRY".**

**\*\*DROP OFF AND PICK UP WILL BE AT THE ST. MARY'S SCHOOL PARKING LOT. \*\***

**\*\*\*PLEASE ARRIVE AT 5PM FOR CHECK-IN\*\*\***

QUESTIONS? CONTACT WILL TARGY @ 402.659.8981 OR EMAIL WILL.TARGY@STMARYSBELLEVUE.COM

Registration and Payment due to the  
Youth Ministry Office NO LATER THAN FRIDAY OCT. 13TH

**“Skinny Bones Pumpkin Patch” Registration & Consent Form**  
**Saturday, Oct. 21st | 5:00pm-10:30pm | Blair, Nebraska**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Student Phone: \_\_\_\_\_

Student School: \_\_\_\_\_

**I am a representative of St. Mary's-Bellevue and the Youth Ministry program. I will conduct myself in a manner which will reflect a positive image of myself, my parents and the Youth Ministry program.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you would like your child to participate in this event, please complete, sign and return the following CONSENT and RELEASE OF LIABILITY. As a parent or legal guardian, you remain fully responsible for the personal actions taken by your child.

**Consent:** We do hereby consent to participation by our child in the event described above. We understand that this event will take place away from the parish premises on the stated dates. We further consent to the conditions stated above regarding participating in this event. We do not have any special instructions or reservations about our child's participation in this event unless they are written on this form.

Parent Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Parent Email (required for registration confirmation): \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Medical Insurance & Policy Number: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

**Release of Liability :** We the parents or legal guardians of the student named above do hereby release from any liability St. Mary's-Bellevue Church and Parish, its representatives and assignees, including but not limited to any and all parish staff or employees or volunteers associated with this event, from any property damage or personal injury which we or our child may suffer as a result of or in connection with our child's transportation to or participation in this event. This is a full release of all claims which we may have or claim, whether those arise from strict liability or the ordinary negligence of that party or those parties released hereby. We further agree to hold the released party or parties harmless and indemnify them for any and all liability, expenses, claims or judgements which they may incur or suffer in connection with the subject matter of this release.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Cost: \$25.00 (non-refundable) - Make checks payable to St. Mary's Church.**

***Registration and Payment due to the Youth Ministry Office by Friday, Oct. 13th.***  
***Space is limited and fills quickly. Only a completed form and fee will reserve your spot.***

***No phone or email reservations will be accepted.***

***An email confirmation will be sent when your registration is received.***

Are you willing to chaperone? YES NO

If Yes, are you Safe Environment certified? YES NO

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Registration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Paid \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Amount Paid \$ \_\_\_\_\_ CK# \_\_\_\_\_